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Covid-19 Pandemic and Gender-Based Violence in Nigeria: A Threat To Human Security

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Abstract

The spread of COVID-19 led to countries locking down, aimed at protecting citizens and stemming the pandemic tide. With Nigeria declaring a lockdown came a corresponding spike in gender-based violence in the country, with the south-west region recording the highest number of cases. Existing literature have focused on the increase in gender-based violence and its negative effects but have not considered it as a threat to human security, and ultimately national security in Nigeria. The study adopted mixed research method as questionnaires and interviews were used to elicit useful and valid information. The study concluded that gender-based violence should be treated as human made pandemic in order to arrest the spike and guarantee human and national security.

Key Words: Covid-19, Gender, Human Security, Pandemic, Violence

Introduction

Gender Based Violence (GBV) has been in the spotlight before the outbreak of COVID-19 pandemic and the resultant restrictions introduced to control the infection rate for the pandemic in Nigeria. The disease was first discovered in Wuhan, China in December 2019, then grew to become a pandemic given the rate of infection, transmission and deaths recorded. On January 30, 2020, the World Health Organization (WHO) declared the disease a global health emergency (WHO, 2020). Nigeria recorded her first COVID-19 case in Lagos on February 27, 2020 (Ajisegiri et al., 2020). In the bid to manage the situation and stop the rate of infection, to flatten the curve of the virus the Nigerian government introduced lockdown in some states- Lagos, Abuja & Ogun- for 14 days. The lockdown was considered as an emergency response by the Government (Ajide et al., 2020). The lockdown was later observed nation-wide. It mandated the shut-down of schools, places of worship and most physical business activities. People were compelled to stay at home thereby pausing socio-economic activities (Ajide et al., 2020; and UKAID & PERL, 2020a). Globally, the COVID-19 pandemic wreaked havoc as nations witnessed economic decline and an interruption of the norm. The global lockdown had high negative impact on nations and their people (UKAID & PERL, 2020a).

Scholars have been able to establish that there was increase in the incidences of GBV (UKAID & PERL, 2020a; News Express, 2020; Mittal & Singh, 2020 and Landis, 2020). The more compelled people were to stay indoors all day throughout the lockdown period, the more eminent their aggressive tendencies became. UKAID and PERL (2020a) pointed that the COVID-19 pandemic added to the incidences of GBV in Nigeria. UKAID and PERL (2020a) noted that incidents of rape cases increased significantly during the period of first wave of the pandemic as 717 rape cases were reported across Nigeria between January and May 2020. A total of 1,095 cases of GBV were reported in Nigeria, between March and April, 2020 (UKAID & PERL, 2020b). While the lockdown was considered as a measure to stem the rising tide of the pandemic, it was also considered as a violation of human rights because it restricted free movement. The lockdown promoted GBV cases in a dire pandemic situation, causing human and national security concerns, which most literature did not interrogate.

Conceptual Framework

This section provides a working understanding of what pandemic is, to be able to grasp the import of what Covid-19 pandemic is. The World Health Organization (WHO, 2010) simply defined pandemic ‘as worldwide spread of a new disease’. Similarly, Morens et al. (2019) extensively analyzed certain characteristics to qualify the word ‘pandemic’ and finally concluded that it is large geographical spread of an infectious disease. According to Cennimo (2020), COVID-19 is defined as illness caused by a novel coronavirus called severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2; formerly called 2019-nCoV). Considering the global spread of the disease, in line with the provided definitions of a pandemic, it is safe to refer to COVID-19 as a pandemic. It should be noted that with the christening the COVID-19 pandemic as the shadow pandemic by the United Nations (UN), both terms would be used interchangeably in the paper.

The World Food Programme (2006) defined GBV to cover harmful acts carried out against people’s will based on gender differences between males and females. Similarly, the Handbook for the Protection of Internally Displaced Persons (2010) defined GBV

as violence that is directed against a person on the basis of their gender or sex, including acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other arbitrary deprivation of liberty. It includes physical, sexual and psychological violence perpetrated or condoned within the family, the general community or by the State and its institutions.

From the above definitions of GBV, it is clear that GBV has to do with violence perpetrated against a person or persons based on gender or sex relations.

COVID-19 and Gender-based Violence

Gender-based violence is a challenge that requires being addressed with special attention. Due to its varied form, global spread and high occurrence, it can be stated that GBV is a type of pandemic. Peterman *et al.* (2020) and Landis (2020) linked unrest periods to the rise in incidences of GBV in any country. COVID-19 was considered as a period of unrest and the increase in GBV was not out of tangent. Mittal and Singh (2020) postulated that GBV was one of the most neglected upshots of the COVID-19 pandemic. They identified economic poverty and alcoholism, emotional stress, and shifting roles and responsibilities among family members as

major factors contributing to GBV incidences. Furthermore, Plan International (2020) emphasized that there was a decreased support system to victims of GBV during lockdown. In addition, Siegfried *et. al.* (2020) demonstrated that frustration caused by the lockdown and other movement restrictions contributed to the rise of GBV among women and girls. Again, Lundin *et al.* (2020) maintained that staying indoor during lockdown, isolation from social networks and economic activities contributed to the risk of GBV. United Nations Population fund (2020) argued that COVID-19 widened the existing inequality between men and women, specially enabled personalities and other existing disadvantaged groups in the society. Drachman (2020) noted that the pandemic did not only contribute to the increase of GBV but also denied women and girls access to required help or intervention. Young and Aref-Adib (2020) argued that lockdowns affected access to support systems negatively, as the police personnel were deployed to ensure lockdown compliance. This further eroded access to justice for victims of GBV, as courts cases were postponed and few cases were adjudicated. The effect of the lockdown with respect to women's means of livelihoods, which exposed them to sexual violence, and the hazard attached to sexual violence, was also considered.

In Nigeria, United Nations Nigeria (2020) stated that between March and April 2020, data obtained from 23 states showed an astronomical increase in the number of reported GBV cases. The document reported that according to geo-political zones, the North-east cases increased from 50 to 115, North-west moved from 52 to 87, North-central rose from 67 to 156, South-east increased from 36 to 92, South-south rose from 18 to 35, and the South-west skyrocketed from 91 to 296. The National Human Rights Commission in Borno State noted that within the lockdown, it recorded about 500 sexual and gender-based violence cases with almost 3 rape cases daily (News Express, 2020). In Lagos State, there was a 10 per cent increase in physical child abuse, 60 percent rise in domestic violence and 30 percent increase in sexual violence (Umukoro, 2020). In Sokoto State, 134 cases of abuse of children were recorded between January and May 31, 2020. Out of this number, only 3 had been persecuted, 35 were settled out of court, 11 were withdrawn by parents, 31 resorted to nuptial ties while 14 are awaiting prosecuting after Covid-19 lockdown (Hisbah Commission, 2020). According to a Press Release by ActionAid Nigeria, the Country Director, Ms Ene Obi, lamented that

we have never been more alarmed about the cases of Gender Based Violence in Nigeria than in recent times. Girls, women, young and old

now live in fear as they are no longer safe even in their own homes. Since the inception of lockdown in March 2020, ActionAid Nigeria and her partners have documented a total of 253 cases of Gender Based Violence in Bauchi, Cross River, Enugu, Kebbi and Kwara States (ActionAid, 2020).

UKAID and PERL (2020a) focused on the challenges and efforts made in addressing GBV during COVID-19 pandemic in Nigeria. Arguing that the COVID-19 pandemic added to the incidences of GBV in Nigeria, they not only validated the rise in GBV in Nigeria, but further considered some legal efforts made to address the incidences. They concluded that Nigeria's legal system structure was a barrier to delivering justice to victims of GBV. In a further study, UKAID and PERL (2020b) identified cracks in the Nigerian legal system, regional challenges, educational deprivation and cultural norms as contributory factors to GBV during the COVID-19 pandemic in Nigeria.

The Nigerian cultural practices have not been very helpful in addressing the cases of GBV. World Bank Group (2019) presented some prevalent social norms in Nigeria where men are regarded to be more superior to women. A man can physically abuse a woman as method of correction. World Bank Group further stated that physical violence has been accepted as a means of resolving conflict in a relationship. The opinion poll from the World Bank Group study revealed that men are justified to beat their wives especially when they failed in their duties. Makama (2013) held that women had been reduced by cultural belief to second-class citizens and that their place of primary function is the kitchen. He further argued that patriarchal societal structures practiced in Nigeria placed women in a disadvantaged position. He added that traditional and religious practices created unequal relationships where men are given upper hand to dominate and control women. Arisi and Oromareghake (2011) studied the negative effect of cultural practices on women in Nigeria and argued that obnoxious cultural practices encourage violence against women. They further identified that some cultural practices can be best described as forms of violence.

From the above, one can understand why GBV is still thriving in Nigeria. The cultural beliefs and practices determine general perception and behavior of people towards GBV. Men are hardly convicted on the issue of GBV especially when it has to do with their wives. The impact of GBV is holistically negative, affecting the victim and the society. The victim can be

affected in 3 ways- physical, psychological and social. Physically, the victim could be severely injured. Again, unwanted pregnancies could result from rape, while victims are prone to diseases and other health hazards. Psychologically, the victim suffers trauma, which can deepen to post-traumatic stress disorder and depression, if not well handled. Victims can resort to the use of illicit substances to numb the psychological pain, thereby becoming drug addicts or even commit suicide. Furthermore, the victim's mental stability can be affected especially if deserving justice is not achieved. Socially, the victim becomes an object of castigation and stigmatization because the victims are blamed instead of the offenders (Adepega, 2020). In the bid to avoid the social stigma attached to victim of rape, some victims never speak up (Nnaji, 2020).

Gender-based violence should be considered a source of insecurity. Insecurities threatens the existence of humans and their survival abilities in a society. Human security seeks to address cases and events leading to human insecurities. The primary aim of human security is to empower people to avoid/handle situations that can lead to human insecurity (Isaac, 2017). GBV threatens personal security of the victim, which is an aspect of human security. Thus, the effect of GBV such as the use of illicit substances, violent behaviours, mental instability, stigmatization, among others pose a threat to human security, both to the victim and persons associated within the victim. GBV is a violation of human rights, the violation is what human security attempts to address. Coomaraswamy (2005) noted that freedom from threat of violence and the actual violence is the bases for measuring women's empowerment and their capacity to survive. GBV has been used as a weapon of warfare and subjugation, having long lasting negative effects (Thomas & Tiessen, 2010). Human security holds that everybody should be free from fear and seeks freedom from indignity. Without proper handling of GBV causes and cases, the Nigerian state cannot guarantee human security of its citizens. The increase in GBV cases in Nigeria and lack of justice will continue to ensure the entrenchment of human indignity among the victims of GBV.

Methodology

Study areas/Locations

The study was done in Nigeria. While designing the questionnaire, provision was made for participants to indicate their states of residence. The study adopted online survey to maneuver the challenges of the COVID-19 restrictions that were still in place. For distribution of the

questionnaire, email addresses and social media platforms were used to reach potential participants located in various parts of the country. The researchers did not have control over who filled the questionnaire. In addition, the study used interviews to elicit information from twelve selected key informants based on their geographical locations and knowledge on the subject matter. Six of the key informants were selected based on the 6 Geopolitical Zones in Nigeria while the other six key informants were selected based on their knowledge on GBV and their profession. See table 1 for clarification on the key informants.

Recruitment of Participants

There were still some COVID-19 restrictions in Nigeria when the study was being conducted. Thus, the study adopted two sampling techniques of non-probability sampling- convenience sampling and purposive sampling. Convenience sampling technique is sometimes called availability sampling. This sampling technique is possible when the respondents can be found at the researcher's convenience. In the light of the above, questionnaire used for this study was designed through Google form and distributed via an online link. Contacts of the researchers were also requested to further share the link in other social media platforms which they belong. A total of 136 respondents filled the questionnaire. Responses were gotten from 22 states in Nigeria and the Federal Capital Territory (FCT)-Abuja. There were also responses from some Nigerians in diaspora.

The study adopted Purposive Sampling Technique, also known as selective sampling, in selecting the key informants. The selection was guided by two criteria- geopolitical zoning and professional experience on the subject matter. Of the twelve key informants interviewed, the six geopolitical zones were represented by one key informant each while the other six interviewees were those who had expertise and knowledge on the subject matter based on their professional experiences and had interfaced with victims of GBV especially during the COVID-19 lockdown (See Table 1).

Table 1: Sociodemographic Information of the key informants

Participant's Identification	Gender	Participant's organization/ Profession	Geo-Political Zone	Reason for selection
Respondent 1	Male	Nigerian Police Force /Police Officer	North Central	Professional Experience
Respondent 2	Female	Lagos State House of Assembly/Legal Officer	South West	Geopolitical zone
Respondent 3	Female	Community authority/ Women Leader	South South	Geopolitical zone
Respondent 4	Female	University of Nigeria/ Professor of Social work	South East	Professional Experience
Respondent 5	Female	Non-governmental Organisation/ Gender Officer	North Central	Professional Experience
Respondent 6	Male	University of Nigeria/ Lecturer in International Relations and Conflict management	South East	Geopolitical zone
Respondent 7	Male	National Agency for the Prohibition of Trafficking in Persons/ Senior Staff	North East	Professional Experience
Respondent 8	Female	Religious Organization/ Pastor	North East	Geopolitical zone
Respondent 9	Male	Non-governmental Organisation/ Diversity-Inclusion Advisor	South West	Professional Experience
Respondent 10	Female	Ministry of Women Affairs/ Director	North West	Geopolitical Zone
Respondent 11	Female	Non-governmental Organisation/ Legal Officer	North Central	Professional Experience
Respondent 12	Male	NSCDC/ Deputy Superintendent	North central	Geopolitical Zone

Data collection and Analysis

For data collection, the study adopted mixed method approach, in order to obtain unique perspectives on Gender Based violence issues. The quantitative data were obtained from the questionnaire and the qualitative data was derived from interviews. 136 respondents filled the questionnaire and 12 informants were interviewed on the subject matter. For data analysis, the study adopted two methods of data analysis- (a) descriptive statistics (measures of frequency) for

the analysis of quantitative data generated from the distributed questionnaire and (b) descriptive narrative approach (narrative technique) for the analysis of the qualitative data.

Result Presentation and Discussion

Fig. I: Sex of Respondents

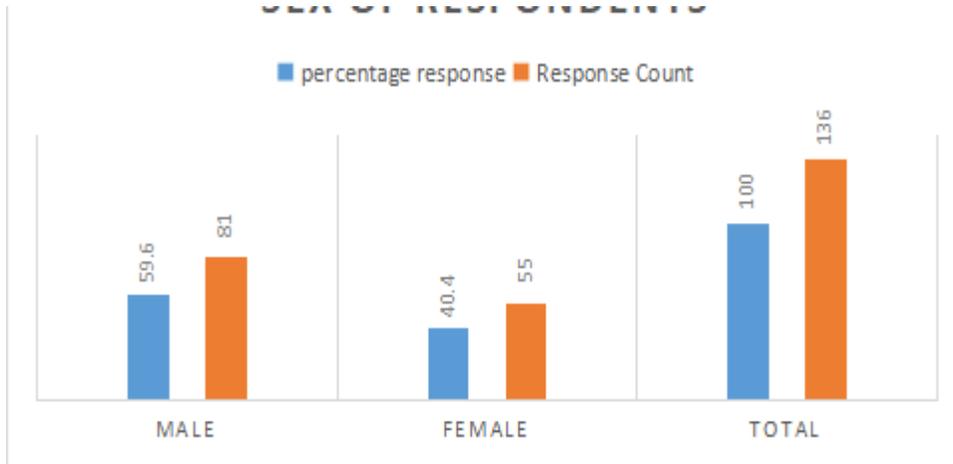


Figure 1 revealed that the total number of men who participated in the survey was 81, which is 59.6% while the total number of women who participated in the survey was 55, which is 40.4%. This shows that more men responded to the online survey. The assumption is that the men’s participation and opinion on GBV can be connected to the fact that both males and females suffer GBV (UKAID and PERL, 2020b).

Fig. II: State of Residence of the Respondents

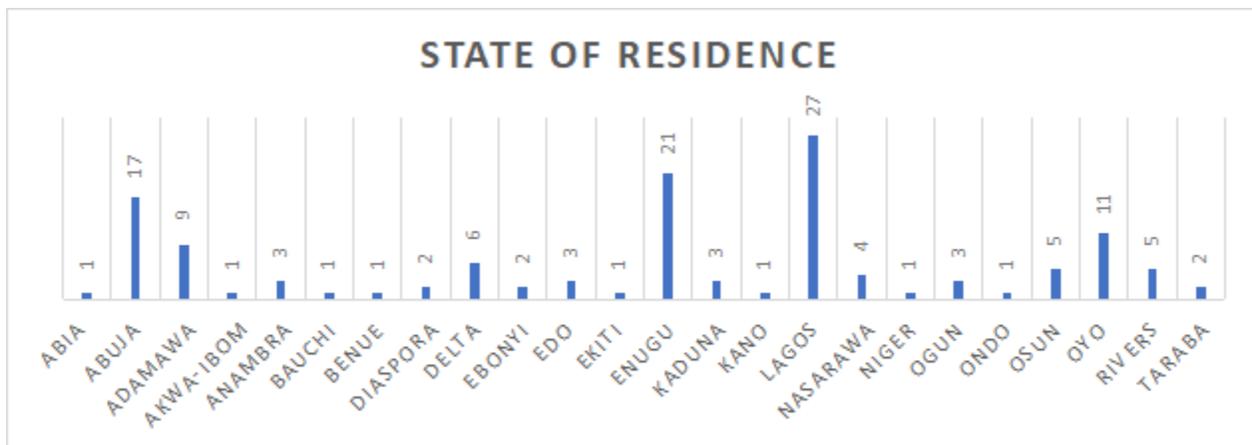


Figure 2 captured the distribution of the respondents by their states of residence. Lagos state had the highest number with 27 respondents followed by Enugu state with 21 respondents. Other states were equally represented in the survey. This show that the platforms used for the distribution of the online questionnaire covered 22 states and FCT-Abuja. In addition, 2 Nigerians in diaspora responded to the questionnaire because it was an online survey.

The respondents' knowledge on GBV was sampled in Figure 3. The outcome revealed that 99.3% of the respondents had heard of the concept and existence of GBV. This implied that majority of the respondents answered from the point of knowledge. However, 0.7% claimed not to have knowledge about GBV.

Fig. III: Respondents' awareness of Gender Bases Violence

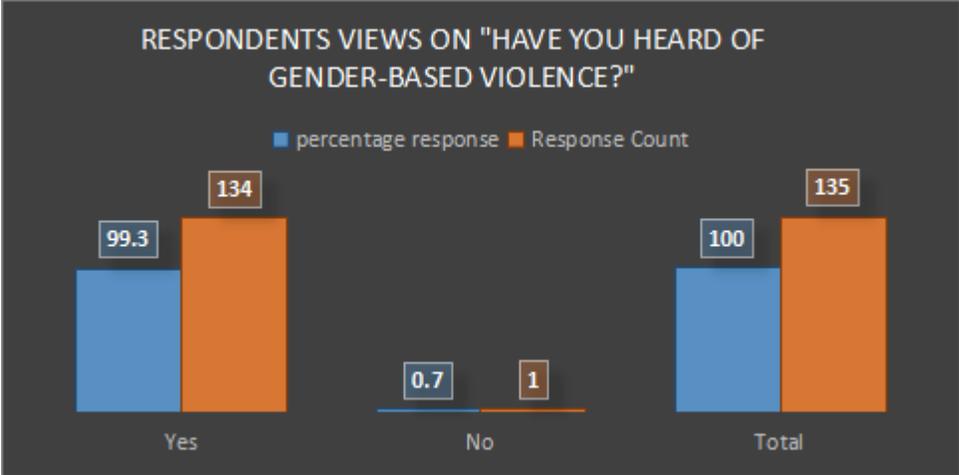
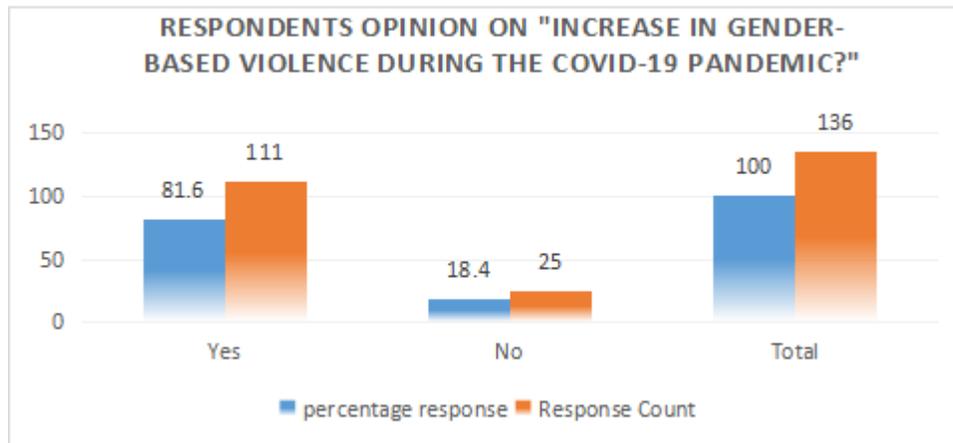


Fig. IV: Respondents opinion on increase in gender-based violence during the COVID-19 pandemic?



The opinion of the respondents were sampled on the increase in Gender Based Violence during the COVID-19 pandemic. 81.6% of the respondents agreed that GBV increased during the first wave of COVID-19 pandemic in Nigeria. On the other hand, 18.4% of the respondents stated that GBV did not increase during the COVID-19 pandemic. Given the number of respondents who affirmed that there was increase in GBV during the pandemic, this study holds that COVID-19 pandemic and lockdown in Nigeria contributed to the rise in GBV. This assertion is further supported by available literature from UKAID and PERL 2020a), News Express (2020), Mittal and Singh (2020) and Landis (2020). In addition, Table 2 below demonstrated the increase in GBV during the COVID-19 pandemic. Similarly, all the interview respondents unanimously submitted that COVID-19 exacerbated GBV to an all-time high in Nigeria. They held that some of the cases included intimate partner violence, rape and child molestation. From the interview, it was discovered that the lockdown, closure of schools, limited access to health care and heightened economic impact contributed to the spike in GBV in Nigeria during the COVID-19 period. Specifically, Respondent 4 on the interview schedule (Table 1) stated that the lockdown and movement restrictions brought about frustrations as many people lost their jobs or took pay cuts. These frustrations became exhibited through GBV.

Table 2: Number of Reported cases of Gender-Based violence in some States in Nigeria between March & April 2020 by State and Geopolitical

Geopolitical Zone	State	Number of cases per State		Number of Cases per Geopolitical Zone	
		March	April	March	April
North East	Adamawa	16	20	50	115
	Bauchi	9	30		
	Borno	6	26		
	Gombe	19	39		
North West	Kaduna	6	23	52	87
	Katsina	23	33		
	Sokoto	23	31		
North Central	Benue	30	52	67	156
	FCT	5	31		
	Nasarawa	5	20		
	Niger	2	8		
	Plateau	25	45		
South East	Abia	25	46	36	92
	Anambra	3	22		
	Ebonyi	5	2		
	Enugu	3	22		
South West	Ekiti	25	51	91	296
	Lagos	37	185		
	Ogun	18	22		
	Osun	3	18		
	Oyo	8	20		
South South	Cross River	8	12	18	35
	Rivers	10	23		

Zone.

Source: United Nations, 2020

The COVID-19 lockdown was effected towards the end of March, and was observed fully for about 4 months. Table 2 presented reported cases of GBV in Nigeria between March and April, 2020. It is worthy of note that the Table 2 accounts for 22 states and the FCT-Abuja. From the table, there was (high) increase in the number of reported cases between March and April for all the states except Ebonyi which had a drop. The total number of cases in March was 314 while that of April was 781, indicating over 200% increase within just a month of the lockdown. To be noted was the great increase in the number of cases in the North East, North Central and South West geopolitical zones. This raises some questions like- What about the statistics from the 14 states unaccounted for? What about the unreported cases in the states accounted for?

Fig. V: Respondents' experience as victims of Gender Based Violence during the COVID-19 Pandemic

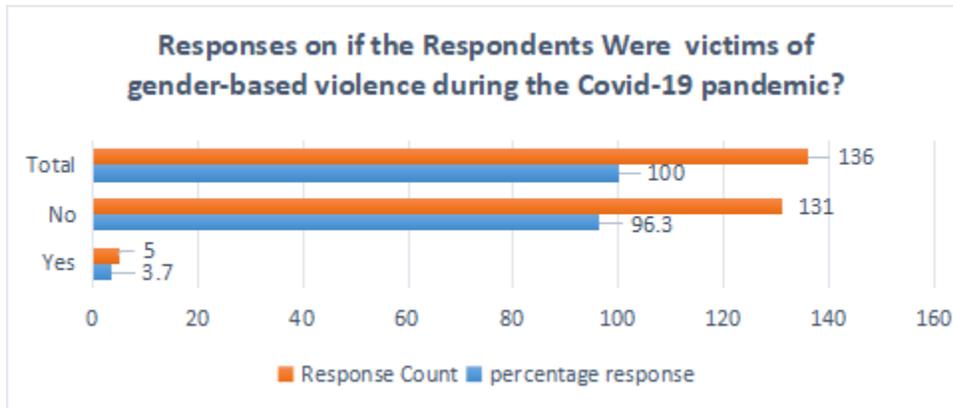


Figure 5 revealed that 96.3% (131) of the respondents were not victims of GBV while 3.7% (5) of the respondents were victims of GBV during the COVID-19 pandemic. Though 3.7% may seem insignificant, the information is however insightful. With the recorded response from victims of GBV, it can be extrapolated that 5 out of every 136 persons suffered GBV during the COVID-19 pandemic in Nigeria. The implication therefore is that rate of risk of GBV in Nigeria is very high. There is also a possibility that a number of those who responded negative to the question may not want to speak up on their experiences of GBV during COVID-19 pandemic. This is explained by Siegfried et. al. (2020) who noted that it is very difficult for women to speak up when abused by men because most of the women depend on the men for survival. Also, the cultural and socio-political structures in Nigeria, most times, discourages women from reporting cases of GBV in Nigeria (Arisi & Oromareghake, 2011 and Otufale, 2013).

Fig. VI: Respondents’ views on “Do you know a Victim(s) of Gender Bases Violence during the COVID-19 pandemic

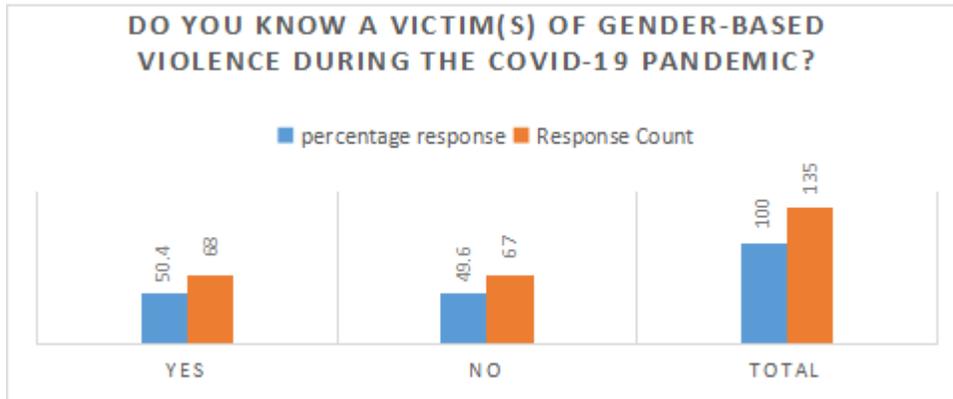
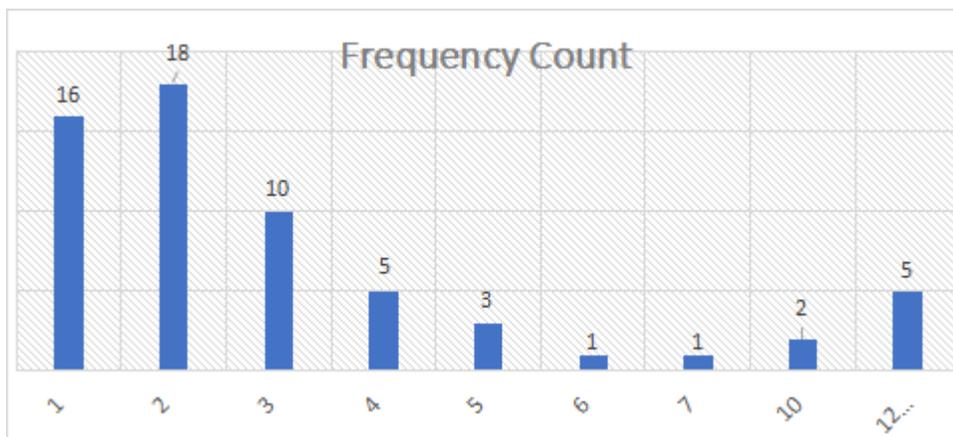


Figure 6 sought to know if respondents knew any victim(s) of GBV during the COVID-19 lockdown. One respondent did not provide an answer to this question, thus giving a total of 135 responses. 50.4% (68) of the respondents answered positively while 49.6% (67) responded negatively. Thus, more than half of the respondents knew a GBV victim during the lockdown.

Tallying this with the postulation made for the previous responses gotten in Figure 5, it seemed that some victims of GBV during the COVID-19 lockdown saw this section as an escape platform. Thus, while they did not indicate being victims under Figure 5, they may have claimed third party category by knowing someone who was a victim of GBV during the pandemic, while actually referring to themselves. This would account for the high number of third party positive response in Figure 6.

Fig. VII: Respondents’ views on identified Victim(s) of Gender Bases Violence during the COVID-19 pandemic



As a follow up to the question for Figure 6, Figure 7 is a bar chart indicating the number of GBV victims during the COVID-19 lockdown that the 68 positive respondents to Figure 6 knew. From the chart, 16 respondents knew one victim, 18 respondents knew 2 victims, 10 respondents knew 3 victims, 5 respondents knew 4 victims, 3 respondents knew 5 victims, 1 respondent knew 6 victims, 1 respondent knew 7 victims, 2 respondents knew 10 victims while 5 respondents each knew 12 and more victims. A total of 61 respondents answered the question as against the total number of 68 respondents for Figure 6, indicating that 7 respondents skipped the question. The implication of this question is that, if only 61 people knew at least one GBV during lockdown case in Nigeria, then there was the high probability of more cases being known by the multitude of Nigerians who did not have access to the questionnaire, thereby indicated a critical GBV problem in Nigeria. This implied that there are established cases of GBV during COVID-19 pandemic in Nigeria.

Fig. VIII: Respondents’ view on the Categories of Gender Bases Violence the victims experienced

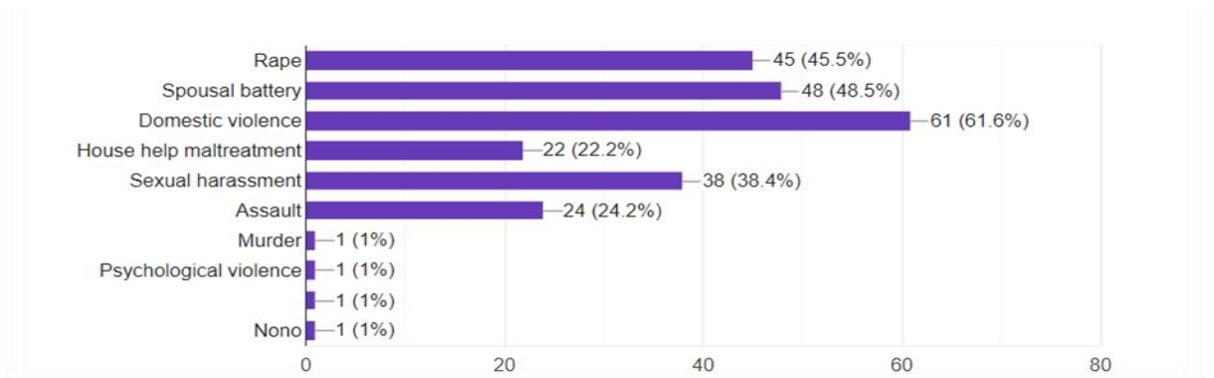


Figure 8 presented different categories of GBV and sought to know if they were faced by victims of GBV during the COVID-19 pandemic. This category was multiple optioned to allow for respondents to choose as many as they knew. Domestic violence got the highest occurrence with 61.6% responses. Spousal battery got 48.5% while rape was third with a record of 45.5%. This explains that one victim can suffer more than one category in any act of violence related to gender. From the interview extract, respondents 1, 5, 7, 9, 10 and 11 in Table 1 stated that the number of calls reporting GBV cases received by their organisations during the pandemic was alarming. Noteworthy is the number of house help maltreatment, indicating that domestic staff get regularly abused by their employers.

Fig. IX: Respondents’ view on the sex of the victims who experienced Gender Based Violence

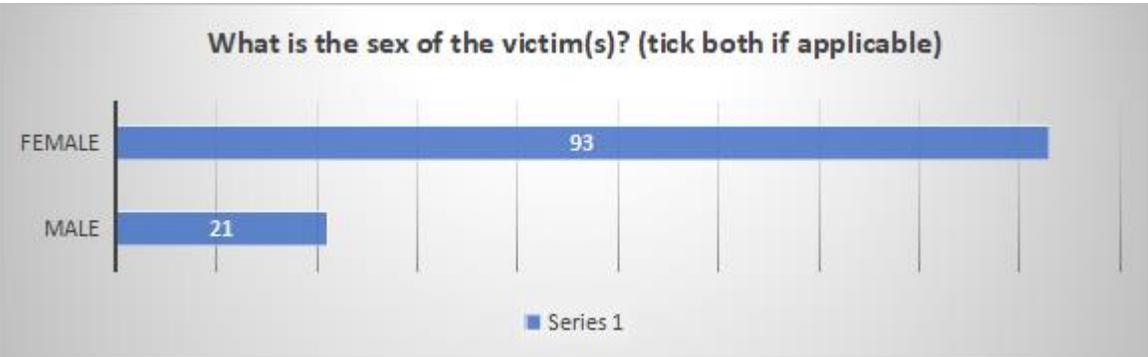
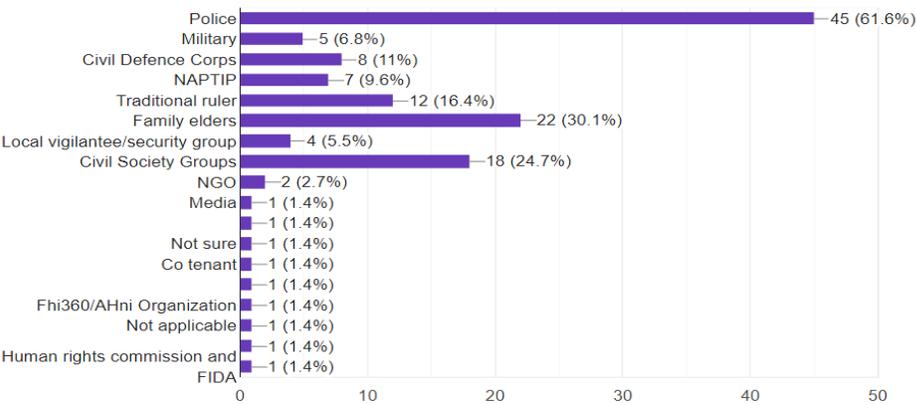


Figure 9 sampled respondents’ views on the sex of victims who they knew experienced GBV during the pandemic lockdown. This options here were open to respondents to choose both, if applicable. The results indicated that more women (87%) faced GBV during the pandemic than men (13%). This corroborates with UKAID & PERL (2020) who pointed that GBV is a violation of human rights and women and children appear more vulnerable. On the flip side, knowing that the cultural orientation in Nigeria believes that men must be strong, violated men often bear the violence in silence. This could be a reason for the low number of men being known to be victims of GBV during the COVID-19 lockdown.

Fig. X: Respondents’ view on which authority was the gender-based violence reported during the COVID-19 Pandemic



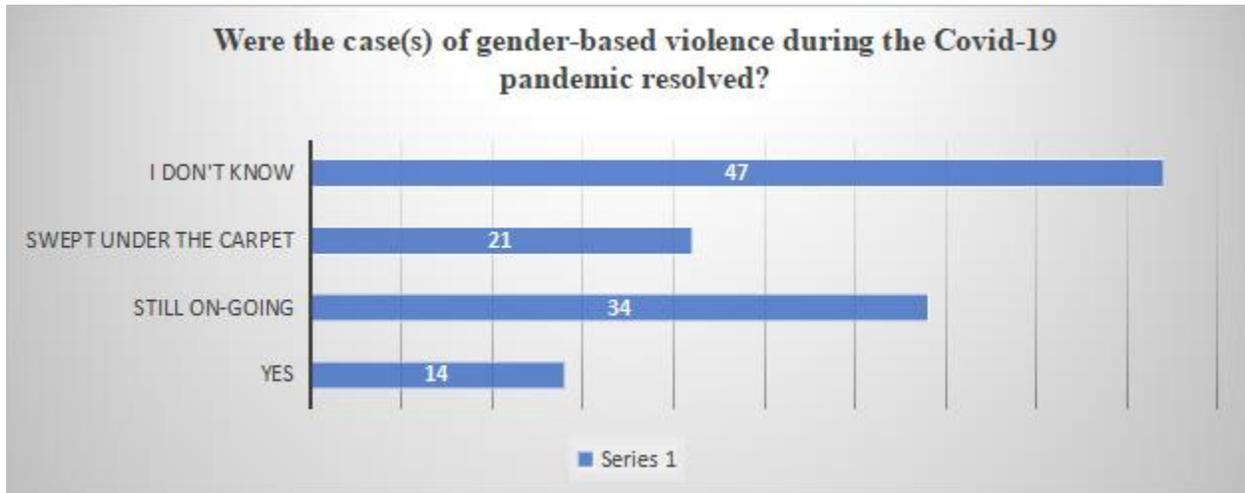
Information was elicited from respondents on which institutions the GBV cases they knew about were reported to, and presented in Figure 10. This category was multiple optioned to allow for

respondents to choose as many as they knew. Majority voted for the Nigerian Police Force with 45 responses, being that the police is the governmental institution tasked with handling internal cases including GBV and arraignment in court, if needed. However, there were numerous complaints against the police and its handling of GBV cases, most times blaming the victim for the occurrence. Interview participant 5 shared her concern on the unavailability of the Nigerian Police Force during COVID-19 pandemic for GBV cases. She stated that the lockdown prevented the arrest of perpetrators of GBV and escalation of the matter to court.

In second place was Family Elders with 22 responses, being an indication that the family system is very strong and held in high esteem for resolution of cases in Nigeria. Civil society groups ranked third with 18 responses. This showed that civil society organisations that have GBV concerns as part of their mandate have been at the frontline fighting against GBV and have been active in taking up the handling of such cases. Fourth in ranking were the traditional rulers with 12 responses. Most societies in Nigeria have cultural affiliation and revere their traditional leaders. Most have established traditional process of reporting and handling matters within the domain, including GBV. However, it can be argued that the patriarchal cultural system practiced in Nigeria usually favours the men in GBV cases when the women is the victim.

As a follow-up, the key interviewees were asked for their opinions on how effective government institutions were in handling GBV during the COVID-19 pandemic. The responses resulted in having 2 camps. One camp, comprising participants 1, 6, 9 on Table one opined that government institutions are up to the task. They noted that Nigeria's House of Representatives pledged to include funds for fighting GBV in the 2021 budget, the Governors' Forum declared a state of emergency on GBV, and lastly, the Violence Against Persons Prohibition Act (VAPP) was in place and state governors were being encouraged to approve and domesticate it in their states. The second camp had, comprising participants 4, 5, 8, 10, 12 on Table one argued that the governmental institutions at federal and state levels were not doing enough to curtail GBV in Nigeria.

Fig. XI: Respondents' view on if the case(s) of gender-based violence during the Covid-19 pandemic were resolved



From the chart in Figure 11, most people who know about GBV cases never know the end story. This can be attributed to some reasons including change of environment, loss of interest, focus on more pressurizing matters, among others. As at the time of study, 34 of the cases were still on-going while 21 had been swept under the carpet due to family pressure, delayed or denied justice, cultural concerns, psychological effect on the victims, among others. Out of 116 cases, only 14 had been resolved, giving an indication of GBV is not considered a grave matter, hence, it does not receive the adequate attention and quick dispensation that it deserves. This was buttressed by UKAID and PERL (2020) wherein it was stated that the Nigerian legal system lacks the right mechanisms to protect individual rights of the citizens. From the chart, it could also be seen that 20.2% of the respondents stated that the case has been swept under the carpet.

Conclusion

The study revealed that COVID-19 contributed to the rise in GBV cases in Nigeria. The study also revealed that government institutions have not done enough to arrest the matter. The findings showed that Nigeria lacked the capacity to handle a double pandemic- GBV and COVID-19. Thus, the inability to handle a pandemic will always reflect negatively on people rights. GBV is an abuse on human rights and human security believes that peoples' rights should be guaranteed for the state to remain stable and functional. GBV is a relationship that exist between the oppressed and the oppressor, thus, the oppressed must be handled with great care and be guaranteed the required justice. Invariably, when a case of GBV is not addressed, the victim might live in fear, depression, loss of confidence and dignity, among others thereby eroding one of the objectives of human security. On the other hand, the culprit might further be encouraged to cause more harm to the victim and/or other people. Thus, GBV should be treated as a human-made pandemic in order to arrest its spike.

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